## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/598916

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |  |   |                                   |                       |                                   | SMALL ENTITY TYPE     |                        | OTHER THAN OR SMALL ENTITY |                         |                        |
|--|--|--|---|-----------------------------------|-----------------------|-----------------------------------|-----------------------|------------------------|----------------------------|-------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |  | Column  | <u>''</u>                         | (1)                   | Join 2)                           | RATE                  | FEE                    |                            | RATE                    | FEE                    |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150                                 |                                   | LARG                  | E ENT. = \$ 300                   | BASIC FEE             |                        | OR                         | BASIC FEE               |                        |
| EXAMINATION FEE  |  |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                                   |                       | ner situations =                  | EXAM. FEE             |                        |                            | EXAM. FEE               |                        |
| SEARCH FEE   |  |  | U.S. is ISA = \$50 / \$ 100  ALL other countries =  |                                   | ALL of                | 100 / \$ 200<br>ther situations = | SEARCH FEE            |                        |                            | SEARCH FEE              |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |  | \$ 200 / \$ 400                                     |                                   | <del></del>           | 250 / \$ 500                      |                       |                        |                            | ODAROTT FEE             |                        |
|  |  |  | minus 100 =   |                                   |                       | / 50 =                            | X \$ 125 =            |                        |                            | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | mini  | us 20 =                           | *                     |                                   | X \$ 25 =             |                        | OR                         | X \$ 50 =               |                        |
| IND  | EPENDENT CL                                    | AIMS   | / minus 3 = ,                                       |                                   | *                     |                                   | X \$ 100 =            |                        | OR                         | X \$ 200 =              |                        |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PR  | ESENT   |                                   |                       |                                   | + \$ 180 =            |                        | OR                         | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |   |                                   |                       |                                   | TOTAL                 |                        | OR                         | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II  |  |  |   |                                   |                       |                                   |                       |                        |                            |                         |                        |
|  |  | (Column 1)   | AMENDED.  | (Colun                            |                       | (Column 3)                        | SMALL ENTITY          |                        | OR                         | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY          | PRESENT<br>EXTRA                  | RATE                  | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus   | **                                |                       | =                                 | X \$ 25 =             |                        | OR                         | X \$ 50 =               |                        |
|  | Independent                                    | *  | Minus   | ***                               |                       | =                                 | X \$ 100 =            |                        | OR                         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                   |                       |                                   | + \$ 180 =            |                        | OR                         | + \$ 360 =              |                        |
| T  |  |  |   |                                   |                       |                                   |                       |                        | OR                         | TOTAL ADDIT.<br>FEE     |                        |
|  |  | (Only 22 4)  |   | 40.                               |                       |                                   |                       |                        |                            |                         |                        |
|  |  | (Column 1) CLAIMS  |   | (Colum                            |                       | (Column 3)                        |                       | 4.55                   |                            |                         | _                      |
| EN EN  |  | REMAINING<br>AFTER<br>AMENDMENT  |   | NUMB<br>PREVIO<br>PAID F          | USLY                  | PRESENT<br>EXTRA                  | RATE                  | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus   | **                                |                       | =                                 | X \$ 25 =             |                        | OR                         | X \$ 50 =               |                        |
|  | Independent                                    | *  | Minus   | ***                               |                       | =                                 | X \$ 100.=            |                        | OR                         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                   |                       |                                   | + \$ 180 =            |                        | OR                         | + \$ 360 =              |                        |
| TOTAL ADDIT. FEE   |  |  |   |                                   |                       |                                   |                       |                        | OR                         | TOTAL ADDIT.<br>FEE     | 7                      |
| **   | If the "Highest Nu<br>If the "Highest Nu       | imn 1 is less than the<br>imber Previously Pai<br>imber Previously Pai<br>nber Previously Paid | id For" IN THIS SPA<br>id For" IN THIS SPA          | ACE is less<br>ACE is less        | than '20<br>than '3', | ', enter "20".<br>enter "3".      | n the appropriate box | in column 1.           |                            |                         |                        |